										١_٠	000	10
								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								· ]	W	4 <i>B</i>	036	227
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		THAN ENTITY
TOTAL CLAIMS			19		·			RATE	FEE	7	RATE	FEE
FOR:			NUMBER FILED		NUMBER EXTRA		·	BASIC FEE 385.00		) OA	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		سسبي			XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			of minus 3 =					X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	+290=	
• If the difference in column 1 is less than zero, enter "O" in column 2						1	TOTAL		ОЯ	TOTAL	856	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							• •-	SMALL	. ENTITY	 _OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME ONZARQ I GIAQ	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	- 19	Minus	-20		- /		X\$ 9=	1	OR	X\$18=	
AME	Independent	· 4	Minus	4	C) ADA	[=/		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
in 1 · 1								TOTAL		OR	TOTAL	•
10	24/05	100:0:: 17		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	. 20	Minus	- 2	<u>ک</u>	8		X\$ 9=	1	OR	X\$18=	_
AME	Independent	• 5	Minus	(	<u>{</u>	• /		<b>X43</b> = .		OR	200 <b>885</b> =	208-1
	PIRST PRESE	NIATION OF MU	ICTIPLE DEF	PENDENT	CLAIM			+145=	. /	OR	+290=	-
							A	YOYAL DDIT, FEE		OR	TOTAL ADDIT. FEE	200-00
		(Column 1)		(Colum		(Column 3)		•				
AMENDMENT C	`	REMAINING AFTER AMENDMENT		MUMBI PREVIOU PAID F	er USLY	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
	Total	•	Minus	*		•	Γ	X\$ 9=		OR	X\$18=	
A E	Independent	•	Minus	•••		-	<b> </b>	X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.												
		noer Previously Pai Tiber Previously Pa					AD	DIT. FEE			DOTT. FEEL	

FORM PTO-875 (Rev. 10/03)

Patient and Tradement Office U.S. DEPARTMENT OF COMMERC